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James E. Piotrowski	(Depositor's name)
f/h	(Signature)
November 9, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO	. CONFIRMATION NO.				
10/748,575	12/30/2003	John Kam Ho Lee				MCHK/146/US	8074			
TITLE OF INVENTION: B	URGLAR ALARM SYSTE	M HAVING REDI	JCED WIRI	NG [	11/15/20	005 SDENBOB2 00000033	10748575			
				Š	82 FC:3	501 504	700.00 OP 300.00 OP			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$700		\$300		\$1000	01/06/2006			
EXAMINER ART U		ART UN	NIT CLASS-SUBCLASS		CLASS	]				
TRIEU, VAN THANH 26										
1. Change of correspondence CFR 1.363).	e address or indication of "F	ee Address" (37	2. For pri	nting on the patent	front page, li	st Aliv	Yale & Ristas, LLF			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	(print or type)			<u> </u>			
					If an assign	ee is identified below, the	e document has been filed for			
(A) NAME OF ASSIGNI	EE	(B	) RESIDENO	CE: (CITY and STA	ATE OR CO	UNTRY)				
Leeds Electronic Eng. Ltd. Wong Chuk Hang, Hong Kong, China										
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the p	atent): 🔲 Indiv	vidual 🛚 Co	orporation or other private	group entity Government			
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):			<del></del>			
Issue Fee			A check in the amount of the fee(s) is enclosed.							
				Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $16-2563$ (enclose an extra copy of this form).						
5. Change in Entity Status	•	·)					<u></u>			
	MALL ENTITY status. See					LL ENTITY status. See 37				
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Authorized Signature	Authorized Signature				Date November 9, 2005					
Typed or printed name	James E. Piotre	owski	Registration No. 29,125							

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